

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: AO434 Type of Application: License, Certification, Permit  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine

Agency Address Set Contributing Agency:

Board of Podiatric Medicine

03802

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

1420 Howe Avenue #8

Patty Rodriguez

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95825

(916) 263-2649

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. BIL-

BIL - 100026

Agency Billing Number (if applicable)

Height:

Weight:

Misc. No:

Eye Color:

Hair Color:

Home Address:

N/A

Street or P.O. Box

Place of Birth:

N/A

City, State and Zip Code

SOC#

Your Number:

OCA No. (Agency Identifying No.)

Level of Service

☒

DOJ

☒

FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A

N/A

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

City

State

Zip Code

( )

N/A

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date:

Transmitting Agency

ATI No.

Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A0434 Type of Application: License, Certification, Permit  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine

Agency Address Set Contributing Agency:

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03802

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BIL - 100026

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City, State and Zip Code

SOC#

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Level of Service

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DOJ

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N/A

Employer Name

N/A

N/A

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

City

State

Zip Code

( )

N/A

Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator

Date:

Transmitting Agency

ATI No.

Amount Collected/Billed

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